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GA MMIS 834 Benefit Enrollment and Maintenance Companion Guide 004010 X095A1

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 1.18

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Document Control

Modification Log

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0.6	12/22/09	Kim White	Added start and stop reasons to Appendix for GEC.
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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the *Final Rule for Standards for Electronic Transactions* can be found at <http://aspe.hhs.gov/admsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 834 transaction is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. The intent is the initial enrollment and subsequent maintenance of individuals who are enrolled in healthcare. This transaction specifically addresses the enrollment and maintenance of healthcare only.

Providers of healthcare or services may include entities such as physicians, hospitals, other medical facilities or suppliers, dentists, pharmacies and entities providing medical information to meet regulatory requirements.

The payer refers to a third party entity that pays claims or administers the insurance benefit.

A sponsor is the party that ultimately pays for the coverage or benefit.

A member is an individual eligible for coverage because of his or her association with a sponsor. An insured individual is a member who has been enrolled for coverage under Georgia Medicaid.

It is mandatory under HIPAA that the Georgia Department of Community Health (DCH) be able to accept and/or generate this transaction for enrollment information.

HP Enterprise Services and DCH have indicated at a “quick glance” items that have changed between the current fiscal agent and the new fiscal. Those items are highlight for easy identification.



1.2 Special Considerations for 834 Transaction

1. **Subscriber, Insured = Member in the Georgia Medicaid Eligibility Verification System:**

The Georgia Medicaid Eligibility Verification System does not allow for dependents to be enrolled under a primary subscriber, rather all enrollees/members are primary subscribers within each program or Managed Care Organization.

2. **Provider Identification = Georgia Department of Community Health Medicaid ID or NPI:**

The implementation date for National Provider Identifier (NPI) was May 23, 2007

Beginning May 23, 2008 for all health care providers, the Provider NPI, Taxonomy Code and Zip Code + the four-digit postal code must be received in the appropriate loops.

Provider Information – Inbound / Outbound

When PMP is sent, it must be the first 2310 Loop, where NM101=Y2.

When a PCP change is sent from a CMO, the PCP must be identified within multiple occurrences of the 2310 Loop, where NM109=NPI (NM108=XX), NM109=MCD (NM108=SV) and NM109=Taxpayer ID (NM108=FI). The NPI, MCD or Taxpayer ID can be sent in any order as long as the NM101=Y2 is first. Each of the three must contain the zip code and the zip code must be the same within all three N403 data elements. All data elements must be sent for typical providers; NPI should be excluded for atypical providers.

When a PCP preference is sent from the EB on a new enrollment, all identifiers are not necessary. Any combination of identifiers will be echoed to the CMO in separate 2310 Loop without validation.

3. **Multiple Transactions (ST/SE):**

Multiple transactions can be received within a file, however if one of those ST/SE(s) contains compliance errors, the entire file will be rejected.

4. **Field Name Changes:**

Within HD04: Cohort ID name changed to Cap Category. The field is still A/N and a length of 05.

5. **2100A and 2100C Address Information:**

When sending a member address change, the residential address (2100A) and mailing address (2100C) must always be sent together.



2 834 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the trading partner's needs. Trading Partner's submit and receive data using Secure File Transfer Protocol (SFTP).

1. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: www.mmis.gerogia.gov

2.1 File/System Specifications

Managed Care Inbound/Outbound 834 file naming convention:

Four types of 834 files for Managed Care:

1. 834 daily (inbound / outbound)
2. 834 roster (outbound) run on the 24th of each month – CMO and EB only and the last day of the month for DSM
3. 834 variance (outbound) run on the last day of the month – CMO and EB only. This will only show terminations since the roster was produced. For all other plans, this will be a real roster.
4. 834 reconciliation (inbound / outbound) run quarterly. Expected massive input from CMO and EB. Large output files sent in response.

File Name format for Outbound 834:

CMO:

- 834do_cmo_VV_YYYYMMDD_HHMMSS_RR_SSS.dat.zip – daily outbound
- 834ro_cmo_VV_YYYYMMDD_HHMMSS_RR_SSS.dat.zip – roster outbound (24th of the month)
- 834vo_cmo_VV_YYYYMMDD_HHMMSS_RR_SSS.dat.zip – variance outbound (last day of month)
- 834qo_cmo_VV_YYYYMMDD_HHMMSS_SSS.dat.zip – quarterly reconciliation outbound where
 - VV is the vendor code "ag", "ps" or "wc".
 - RR is the region code "01", "02", "03", "04", "05", "06".
 - SSS is the sequence, starting at "001" for each vendor and region.
 - RR_SSS = "00_000" is used for the daily errors from inbound records failing edits.
 - Note: Sequence increments occur at each 100,000 members within a vendor/region.



EB:

- 834do_cmo_eb_YYYYMMDD_HHMMSS_00_000.dat.zip – daily outbound
- 834ro_cmo_eb_YYYYMMDD_HHMMSS_RR_SSS.dat.zip – roster outbound (24th of the month)
- 834vo_cmo_eb_YYYYMMDD_HHMMSS_00_000.dat.zip – variance outbound (last day of month)
- 834qo_cmo_eb_YYYYMMDD_HHMMSS_SSS.dat.zip – quarterly reconciliation outbound

where

- RR is the region code "01", "02", "03", "04", "05", "06".
- SSS is the sequence, starting at "001".
- RR_SSS = "00_000" is used for the daily and variance files.
- Note: Sequence increments occur at each 100,000 members within a region for roster (24th) only. The daily and variance files are not split, and will include the inbound error records.

GEC/DSM:

- 834do_dsm_VV_YYYYMMDD_HHMMSS_dail_001.dat.zip – daily outbound
- 834do_dsm_VV_YYYYMMDD_HHMMSS_erro_000.dat.zip – daily errors from inbound edits
- 834ro_dsm_VV_YYYYMMDD_HHMMSS_auto_001.dat.zip – roster outbound (last day of month)
- 834ro_dsm_VV_YYYYMMDD_HHMMSS_pote_001.dat.zip – monthly potential outbound (last day of month)

where

- VV is the vendor code "ap" or "un".

For all file names, "YYYYMMDD_HHMMSS", is the date and time stamp.

Note: Each output file will be within a zip file

File Name format for Inbound 834:

CMO:

- 834di_cmo_VV_YYYYMMDD_HHMMSS_SSS.dat.zip – daily inbound
- 834qi_cmo_VV_YYYYMMDD_HHMMSS_SSS.dat.zip – quarterly reconciliation inbound

where

- VV is the vendor code "ag", "ps" or "wc".
- SSS is the sequence, starting at "001" for each vendor and region.
- Note: Sequence increments occur at each 100,000 members within a vendor/region.

EB:

- 834di_cmo_eb_YYYYMMDD_HHMMSS_00_000.dat.zip – daily inbound
- 834qi_cmo_eb_YYYYMMDD_HHMMSS_SSS.dat.zip – quarterly reconciliation inbound



where

- SSS is the sequence, starting at "001".
- Note: Sequence increments occur at each 100,000 members.

GEC/DSM:

- 834di_dsm_VV_YYYYMMDD_HHMMSS_dail_001.dat.zip – daily inbound
where
 - VV is the vendor code "ap" or "un".

For all file names, "YYYYMMDD_HHMMSS", is the date and time stamp.

Note: Each input file will be within a zip file

Member Inbound 834 file naming convention:

Three types of 834 files for Member:

1. 834 daily (DailyDCH834_xxx_yymmddhhmmss.txt)
2. 834 monthly (MonthlyDCH834_xxx_yymmddhhmmss.txt)
3. 834 quarterly (QuarterlyDCH834_xxx_yymmddhhmmss.txt)

xxx = File creation sequence number

yymmddhhmmss = File creation date and time

EDI will only accept Windows\PC\DOS formatted files.

EDI will allow upload and download of zipped or compressed files.

Note: Only one X12 transaction file is permitted in each "zipped" file. Any file size that is 5MB or larger is required to be zipped or compressed.

EDI does not require any specific file extensions. If the file is not in a zip file it must have an extension. If the file is in a zip file, the file within the zip does not require an extension.

The Web portal is designed, but not limited to support the following Internet browsers:

1. Internet Explorer, version 6 or later
2. Firefox, version 1.5 or later



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3 Transmission Responses

For every transaction received, there is an expected response. The available responses are an Interchange Acknowledgement (TA1) and a Functional Acknowledgement (997).

Once a transaction is received, it will go through a 'front end' compliance check called a TA1. The TA1 Acknowledgement is a means of replying to an interchange or transmission that has been sent. The TA1 verifies the envelopes only. The TA1 is a single segment and is unique in the sense that this single segment is transmitted without the GS/GE envelope structure. The TA1 segment provides the capability for the receiving trading partner to notify the sending trading partner of problems that were encountered in the interchange control structure.

Once the transaction has passed the 'front end' compliance check it then goes through a syntax compliance edit. This edit is to verify the compliance within the ANSI X12 syntax according to the HIPAA Implementation Guides. The transaction will receive a Functional Acknowledgement (997) to provide feedback on the transaction. The 997 functional acknowledgement contains accepted or rejected information. If the transaction contains any syntactical errors, the segments and elements in which the error occurred will be reported in a rejected acknowledgement. If the transaction contained no syntactical errors, a positive 997 response will be generated and the transaction is passed on for processing.



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4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically;
2. Installation assistance and submission support for Provider Electronic Solutions (PES) software;
3. Provide assistance to billing agents, clearinghouses and software vendors;
4. Identifying and troubleshooting technical issues; and
5. Data Exchange help.

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.



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5 Control Segment Definitions for Georgia Medicaid 834 Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 834 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	For Inbound GEC and GF: 'Enterprise ID' Supplied by Georgia Medicaid left justified and space filled. The Enterprise ID, will not be the

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				<p>same ID used in current system.</p> <p>For Inbound PCK: 'Trading Partner ID' Supplied by Georgia Medicaid, left justified and space filled. The Trading Partner ID, will be the same Trading Partner ID used in current system.</p> <p>Outbound: '77034' – GA MMIS Trading Partner ID. Left justified and space filled.</p> <p>Note: Current system this value was 100000.</p>
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	<p>Inbound: '77034' - GA MMIS Trading Partner ID. Left justified and space filled.</p> <p>Note: Current system this value was 100000.</p> <p>Outbound: 'Enterprise ID' Supplied by Georgia Medicaid left justified and space filled. The Enterprise ID, will not be the same ID used in current system.</p>
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier



834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number – Must be identical to IEA02
B.6	N/A	ISA	ISA14 - Acknowledgment Requested	Inbound: '1' (Acknowledgement Requested) or '0' (No Acknowledgement) Requested Outbound: '0' (No Acknowledgement Requested)
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	'.' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of Included Functional Groups	Number of included Functional Groups
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.



5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'BE' – Benefit Enrollment and Maintenance (834)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number – Must be identical to GE02.
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X095A1' – Version/ Release/ Industry Identifier Code



5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06.

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
27	N/A	ST	ST01 – Transaction Set Identifier Code	'834' – Benefit Enrollment and Maintenance
27	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number Increment by 1 when multiple transaction sets. Must be identical to SE02.



5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
158	N/A	SE	SE01 – Number of Included Segments	Total number of segments included in Transaction Set including ST and SE
158	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02

5.7 Valid Delimiters

The delimiters documented below will be used for Georgia Medicaid, unless otherwise requested by a trading partner.

Definition	ASCII	Decimal	Hexadecimal
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A



6 X12N 834 Enrollment – Inbound and Outbound Transactions

This section contains information specifically for GEC Program, GF Program and PCK Program.

6.1 GEC Inbound Transactions

GEC Inbound Transactions are initiated by the GECP entity and received by the GA MMIS. Inbound 834 transactions could contain:

- Information about members that should be in other programs that exclude them from the GEC program
- DMO address data
- Opt-outs
- Information that will cause a member to be disenrolled from GEC that cannot be identified in the GA MMIS such as 'moved out of state' or 'incarcerated'

6.2 GF Inbound Transactions

GF Inbound Transactions are received by the GA MMIS from the Enrollment Broker and CMO. Inbound 834 transactions could contain:

Enrollment Broker:

- CMO and PCP selections for the potentials sent
- Information about members that should be in other programs that exclude them from the GF program
- CMO address data
- Special Dis-Enrollments: Information that will cause a member to be disenrolled from GF that cannot be identified in the GA MMIS such as 'moved out of state' or 'incarcerated'
- Quarterly Recon

CMO:

- PCP assignment for the members
- Quarterly Recon

6.3 PCK Inbound Transactions

GA SCHIP Inbound Transactions are only received from Georgia Health Partnership via PSI and received by the GA MMIS. Inbound 834 transactions could contain:

- Benefit Enrollment Maintenance Information



- New Enrollment Information
- Changes to the current range of benefits
- Termination of benefits for a member

6.4 GEC Outbound Transactions

Outbound Transactions are initiated by the GA MMIS and received by the GEC Program entity.

Outbound transaction file is sent **daily** to the GEC vendors giving information about:

- Changes in eligibility – under age 19 that are eligible to opt-in
- Member demographic changes
- Information about members sent in the daily inbound file that failed edits
- On-line Void transactions
- On-line Termination Transactions
- On-line Add Transactions
- Member Merge
- GBHC Assignment information, with the GBHC PCP.
- Information about members sent in the daily inbound file that failed edits.

Outbound transaction is sent **monthly** to GEC vendors giving information about:

- Newly enrolled members that will begin in the coming month
- Current members that will continue in the coming month
- Terminations ending or before the last day of the current month.
- GBHC Assignment information, with the GBHC PCP.
- Potential GEC members – eligible for opt-in.

6.5 GF Outbound Transactions

Outbound Transactions are initiated by the GA MMIS and received by the GF Enrollment Broker and CMO.

Enrollment Broker:

Daily Outbound transaction file is giving information about:



- New potential CMO members
- Changes in eligibility of members sent previously as potential
- Information about members sent in the daily inbound file that failed edits
- Newborns assigned to mothers' CMO

CMO:

Daily Outbound transaction file is giving information about:

- Information about members sent in the daily inbound file that failed edits
- Newborns assigned to mothers' CMO.
- CMO members entering Transition of Care
- Demographic changes
- Member merge
- Online changes to assignments

Enrollment Broker and CMO:

Monthly Outbound transaction file is giving information about:

- Complete Roster that will contain new, current, terminated, retro and pended members.
- Terminations and Void after Roster

Enrollment Broker and CMO:

Quarterly Outbound transaction file is giving information about:

- Results of reconciliation process



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7 X12N 834 Loop And Data Element Specific Information For Georgia Medicaid

This section specifies X12N 834 fields for which Georgia Medicaid has specific requirements.

834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
28	N/A	BGN	BGN01 - Transaction Set Purpose Code	Inbound/Outbound: '00' – Original Indicates the first time the transaction is sent
29-31	N/A	BGN	BGN05 – Time Zone Code	Inbound For GEC and GF: 'ES' - Eastern Standard Time 'ED' - Eastern Daylight Time) For PCK (PSI Vendor): 'MT' - Mountain Time 'MD' - Mountain Daylight Time 'MS' - Mountain Standard Time Outbound: 'ES' - Eastern Standard Time 'ED' – Eastern Daylight Time
31	N/A	BGN	BGN06 – Transaction Set Identifier Code	Outbound For GF: 'DAILY' – On the Daily 834 'ROSTER' – On the 24 th of the Month 'MEMBERSHIP REC' – On Quarterly Reconciliation 834 'VARIANCE' – On the last day of the Month For GEC: 'POTENTIAL' – For Daily SSI Potentials 'DAILY DATA' – For all other Daily Transactions 'AUTO DATA' – For The Monthly Roster (Last Day of Month)

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
31	N/A	BGN	BGN08 – Action Code	Inbound: '2' – Change (Update) Identifies a transaction of additions, terminations and changes to the current enrollment. Outbound: '2' – Change (Update) Identifies a transaction of additions, terminations or change the current enrollment. '4' to identify a transaction to verify that the sponsor and payer's systems are synchronized
32	N/A	REF	REF01 – Reference Identification Qualifier	Inbound/Outbound: '38' – Master Policy Number
33	N/A	REF	REF02 – Master Policy Number	Inbound/Outbound: Medicaid Provider Number.

Sponsor Name

36	1000A	N1	N102 - Plan Sponsor Name	Inbound/Outbound For GEC: "Georgia Enhanced Care Program" For GF: "Georgia Families" Inbound: For PCK: "GA SCHIP"
36	1000A	N1	N103 - Identification Code Qualifier	Inbound/Outbound: 'FI' – Federal Taxpayer Identification Number
36	1000A	N1	N104 – Sponsor Identifier	Inbound/Outbound: GA State Tax ID Number Expressed as: 99-99999999 (including dash)

Payer

38	1000B	N1	N102 - Plan Sponsor Name	Inbound For GEC: "APS Healthcare Midwest" or "United Health Care" For GF: "CMO's/EB's Name" For PCK: "GA Medicaid"
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**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Outbound: Applicable Insurer Name (Health Plan Name)
38	1000B	N1	N103 - Identification Code Qualifier	Inbound/Outbound: 'FI' – Federal Taxpayer Identification Number
38	1000B	N1	N104 - Insurer Identification Code	Inbound/Outbound For GEC: GEC Tax ID" For GF: CMO's/EB's Tax ID Inbound For PCK: "PSI Tax ID Expressed as: 99-99999999 (including dash)

Member Level Detail

DCH Note: Georgia Medicaid considers the Member as the Subscriber/Member in all reporting situations.

43	2000	INS		Since the 834 transaction has a limit of 10,000 INS segments per transaction, multiple 834 transactions will be used if a provider has > 10,000 enrollment records.
44	2000	INS	INS01 – Subscriber Indicator	Inbound/Outbound: 'Y' – Indicates insured is Subscriber
44	2000	INS	INS02 - Individual Relationship Code	Inbound/Outbound For GEC and GF: '18' (Self) Inbound For PCK: '18' (Self) or '10' (Foster Care)
45	2000	INS	INS03 – Maintenance Type Code	Inbound For PCK: '001' (Change) '021' (Addition), or '024' (Cancellation or Termination)

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Inbound For GEC and GF: '001' (Change) '021' (Addition) '024' (Cancellation or Termination) '030' (Audit or Compare) Outbound For GEC and GF: '001' (Change) '021' (Addition) '024' (Cancellation or Termination) '030' (Audit or Compare)
47-48	2000	INS	INS05 – Benefit Status Code	Inbound/Outbound: 'A' - Active
49	2000	INS	INS08 - Employment Status Code	Inbound/Outbound For GEC and GF: 'FT' (Full-Time) Inbound: For PCK: 'FT' (Full-Time) 'TE' (Terminated)
49	2000	INS	INS10 – Handicap Indicator	Inbound / Outbound: Handicap Indicator This field identifies if the member has a Handicap condition. If the member is hearing or visually impaired, this indicator will be set to 'Y'.
50	2000	INS	INS11 – Date Time Period Format Qualifier	Inbound/Outbound: 'D8' – Date Expressed in CCYYMMDD Format Please note: INS11 is a situational field and will be populated if applicable.
50	2000	INS	INS12 – Member Date of Death	Inbound/Outbound: Member Date of Death If member is not deceased, the date

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				format will be CCYYMMDD. Please note: INS12 is a situational field and will be populated if applicable.
51	2000	REF	REF01 – Reference ID Qualifier	Inbound/Outbound: '0F' – Subscriber Number
52	2000	REF	REF02 - Subscriber Identifier	Inbound/Outbound: 'Member Medicaid ID'
53	2000	REF	REF01 – Reference ID Qualifier	Inbound/Outbound: '1L' – Member Policy Number
53	2000	REF	REF02 - Subscriber Identifier	Inbound/Outbound: 'Member Medicaid ID' (This will be the same value that is sent in the REF02, where REF01=0F)
2000-REF (Inbound/Outbound) for GEC and GF.				
55-56	2000	REF	REF01 – Reference ID Qualifier	'ZZ' –Mutually Defined
56	2000	REF	REF02 - Subscriber Identifier	The following 29 contiguous bytes of information will be expected within the 2000 Loop, REF02 where REF01='ZZ'. **Aid Category: Required - A/N (03) **Major Program Code: Required 'M' – Medicaid 'P' - Peachcare **Medicare ID: Situational - A/N (12) **Ethnicity Code: Situational – A/N (01) 'L' – Latino/Hispanic 'N' – Non-Latino/Hispanic **Pregnancy Due Date: Situational - YYMMDD (06) **Pregnancy Termination Date:

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Situational - YYMMDD (06) Note: For the above fields "Required" means that it must be populated on Inbound transaction if this segment is present. "Situational" means that it is required if known.
2000-REF (Inbound) for PCK.				
55-56	2000	REF	REF01 – Reference ID Qualifier	'ZZ' –Mutually Defined
56	2000	REF	REF02 - Subscriber Identifier	The following 29 contiguous bytes of information will be expected within the 2000 Loop, REF02 where REF01='ZZ'. **Aid Category: Required - A/N (03) **Major Program Code: Required 'M' – Medicaid 'P' - Peachcare **Filler: Situational - A/N (12) **Ethnicity Code: Situational – A/N (01) 'L' – Latino/Hispanic 'N' – Non-Latino/Hispanic Note: For the above fields "Required" means that it must be populated if this segment is present. "Situational" means that it is required if known.
55-56	2000	REF	REF01 – Reference ID Qualifier	Inbound/Outbound: '3H' – Case Number
56	2000	REF	REF02 - Subscriber Identifier	Inbound/Outbound: Case Number: A/N (12) Record Type Code: A/N (02) Note: Valid Values for the Record Type Codes are listed in Appendix A.

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
55-56	2000	REF	REF01 – Reference ID Qualifier	Outbound For GEC and GF: '23' – Client Number
56	2000	REF	REF02 - Subscriber Identifier	Outbound For GEC and GF: Alternate Member Medicaid ID and SSN (member merge) For GF: CMO Member ID (for Recon)
55-56	2000	REF	REF01 – Reference ID Qualifier	Outbound (Recon) For GF: 'Q4' – Prior Identifier Number
56	2000	REF	REF02 - Subscriber Identifier	Outbound (Recon) For GF: Target Medicaid Member ID
55-56	2000	REF	REF01 – Reference ID Qualifier	Outbound For GF: '17' – Client Reporting Category
56	2000	REF	REF02 - Subscriber Identifier	Outbound For GF: This is a free form field for the EB to pass through to the CMOs member unique health status. Examples may include "pregnant", "currently hospitalized", etc.
59-60	2000	DTP01	DTP01 – Date/Time Qualifier	Inbound/Outbound: This occurrence of the DTP segment can repeat multiple times. One for each of the following: '356' - Eligibility Begin '357' - Eligibility End Which will represent current eligibility only.
60	2000	DTP03	DTP03 – Date Time Period	Inbound/Outbound: If, DTP01=356 (Eligibility Begins) If, DTP01=357 (Eligibility End) Note: A date format of 22991231

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				indicates ongoing enrollment.
Member Name				
62	2100A	NM1	NM101 - Entity Identifier Code	Inbound/Outbound: 'IL' – (Insured or Subscriber) Use this code for enrolling a new member or updating a member with no change in identifying information Outbound: '74' – (Corrected Insured) Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.
62	2100A	NM1	NM102 - Entity Type Qualifier	Inbound/Outbound: '1' – (Person)
62	2100A	NM1	NM103 - Subscriber Last Name	Inbound/Outbound: Member's Last Name
62	2100A	NM1	NM104 - Subscriber First Name	Inbound/Outbound: Member's First Name
62	2100A	NM1	NM105 – Subscribers Middle Name	Inbound/Outbound: Member's Middle Initial
62	2100A	NM1	NM107 – Subscribers Suffix Name	Inbound/Outbound: Member's Suffix
63	2100A	NM1	NM108 – Identification Code Qualifier	Inbound/Outbound: '34' – SSN Only populated if valid SSN based on SSA algorithm is sent within 2100A-NM109.
63	2100A	NM1	NM109 – Member Identifier	Inbound/Outbound: Members Social Security Number Only populated if valid SSN based on SSA algorithm. If no SSN is available, the 2100A-

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				NM108/NM109 data elements are not populated. The value of '000000000' is not valid.
65	2100A	PER	PER03 - Communication Number Qualifier	Inbound/Outbound: 'TE' – Telephone
65	2100A	PER	PER04 - Communication Number	Inbound/Outbound: Member Contact Number
66	2100A	PER	PER05 - Communication Number Qualifier	Inbound/Outbound: 'TE' – Telephone
66	2100A	PER	PER06 - Communication Number	Inbound/Outbound: Additional Member Contact Number if on file
67	2100A	N3	N301 - Subscriber Address	Inbound/Outbound: Required when enrolling or changing a Members Residential Address
67	2100A	N3	N302 - Subscriber Address (Line 2)	Inbound/Outbound: Member Residential Address Line 2, when applicable
68	2100A	N4	N401 - Subscriber City	Inbound/Outbound: Required when enrolling or changing a Members Residential Address
68	2100A	N4	N402 – Subscriber State	Inbound/Outbound: Required when enrolling or changing a Members Residential Address
69	2100A	N4	N403 - Subscriber Zip Code	Inbound/Outbound: Required when enrolling or changing a Members Residential Address
69	2100A	N4	N405 - Location Qualifier	Inbound/Outbound: 'CY' – County
69	2100A	N4	N406 - Location Identification Code	Inbound/Outbound: Member three digit County Code Note: Valid Values for the County



834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
				Codes are listed in Appendix D.
70	2100A	DMG	DMG01-Date Qualifier	Inbound/Outbound: 'D8' – Date Expressed in CCYYMMDD Format Required when enrolling or changing a Members Demographics
71	2100A	DMG	DMG02 – Member Birth Date	Inbound/Outbound: Required when enrolling or changing a Members Demographics
71	2100A	DMG	DMG03 – Gender Code	Inbound/Outbound: Required when enrolling or changing a Members Demographics
72	2100A	DMG	DMG05 – Race or Ethnicity Code	Inbound/Outbound: Required when enrolling or changing a Members Demographics
73	2100A	ICM	ICM01 – Frequency Code	Inbound For PCK: '4' – Monthly Created per affect member
74	2100A	ICM	ICM02 – Wage Amount	Inbound For PCK: Gross Income
79	2100A	LUI	LUI01 - Identification Code Qualifier	Inbound/Outbound: 'LE' – Language Code
79	2100A	LUI	LUI02 – Language Code	Inbound/Outbound: Language Code from external code source ISO 639 **Note previous system this information was captured within LUI03. http://www.loc.gov/standards/iso639-2/php/code_list.php
Incorrect Member Name				
81	2100B	NM1	NM101 - Entity Identifier Code	Inbound/Outbound: '70' – Prior Incorrect Insured

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
81	2100B	NM1	NM103 - Prior Incorrect Last Name	Inbound/Outbound: When applicable corrected Member Last Name
81	2100B	NM1	NM104 - Prior Incorrect First Name	Inbound/Outbound: When applicable corrected Member First Name
82	2100B	NM1	NM109 – Prior Incorrect Insured Identifier	Inbound/Outbound: When applicable corrected Member ID
83	2100B	DMG	DMG01-Date Qualifier	Inbound/Outbound: 'D8' – Date Expressed in CCYYMMDD Format Required when changing previously supplied demographics
84	2100B	DMG	DMG02 – Prior Incorrect Member Birth Date	Inbound/Outbound: Required when changing previously supplied demographics
84	2100B	DMG	DMG03 – Prior Incorrect Gender Code	Inbound/Outbound: Required when changing previously supplied demographics

Member Mailing Address

85	2100C	NM1	NM101 – Entity Identifier Code	Inbound/Outbound: '31' – Entity Type Qualifier
85	2100C	NM1	NM102 – Entity Type Qualifier	Inbound/Outbound: '1' - Person
87	2100C	N3	N301 – Member Mailing Address	Inbound/Outbound: When applicable Member Mailing Address
87	2100C	N3	N302 – Additional Member Mailing Address	Inbound/Outbound: When applicable Member Mailing Address
88	2100C	N4	N401 - Member Mailing City	Inbound/Outbound: When applicable Member Mailing City

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
88	2100C	N4	N402 – Member Mailing State	Inbound/Outbound: When applicable Member Mailing State
88	2100C	N4	N403 - Member Mailing Zip Code	Inbound/Outbound: When applicable Member Mailing Zip Code

Responsible Person**Note:** Information within this Responsible Person Loop is for the Head of Household

115-116	2100G	NM1	NM101 - Entity Identifier Code	Outbound For GEC and GF: 'E1' – Person or Entity Legally Responsible Inbound For PCK: 'E1' – Person or Entity Legally Responsible 'EI' – Executor or Estate 'EXS' – Ex-Spouse 'GD' – Guardian 'J6' – Power of Attorney 'QD' – Responsible Party
116	2100G	NM1	NM102 - Entity Type Qualifier	Outbound For GEC and GF: '1' – Person Inbound For PCK: '1' - Person
116	2100G	NM1	NM103 - Responsible Party Last Name	Outbound For GEC and GF: Head of Household Last Name. Inbound For PCK: Parent 1 Last Name.
116	2100G	NM1	NM104 - Responsible Party First Name	Outbound For GEC and GF: Head of Household First Name. Inbound For PCK: Parent 1 First Name

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
116	2100G	NM1	NM105 - Responsible Party Middle Initial Name	Outbound For GEC and GF: Head of Household Middle Initial. Inbound For PCK: Parent 1 Middle Initial
116	2100G	NM1	NM107 - Responsible Party Suffix	Outbound For GEC and GF: Head of Household Suffix. Inbound For PCK: Parent 1 Name Suffix
119	2100G	NM1	PER03 – Communication Number Qualifier	Outbound For GEC and GF: 'TE' - Telephone. Inbound For PCK: 'HP' –Home Phone Number
119	2100G	NM1	PER04 – Telephone Number	Outbound For GEC and GF: Head of Household Telephone Number Inbound For PCK: Parent 1 Home Phone Number
119	2100G	NM1	PER05 – Communication Number Qualifier	Inbound For PCK: 'WP' –Work Phone Number
120	2100G	NM1	PER06 – Telephone Number	Inbound For PCK: Parent 1 Work Phone Number
Health Coverage				
128-129	2300	HD	HD01 - Maintenance Type Code	Inbound For GEC, GF and PCK: '001' – Change '002' – Delete '021' – Addition '024' – Cancellation or

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Termination Outbound For GEC: '001' – Change '002' - Delete '021' - Addition '024' - Cancellation or Termination For GF: '001' – Change '002' - Delete '021' - Addition '024' - Cancellation or Termination '030' – Audit, Compare or Current
129-130	2300	HD	HD03 - Insurance Line Code	Inbound For GEC and PCK: 'EPO' (Exclusive Provider Organization) For GF: 'HMO' (Health Maintenance Organization) Outbound For GEC: 'EPO' (Exclusive Provider Organization) For GF: 'HMO' (Health Maintenance Organization)
Health Coverage				
HD04				
Note: See Appendix B and C for additional information				
130	2300	HD	HD04 – Plan Coverage Description	Inbound/Outbound For GEC: The 2300 HD04 will have a string of contiguous data: Assignment Type Code: A/N (04) Service Region Code: A/N (02) Plan ID: A/N (04)

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Assignment Reason Code: A/N (04) Assignment Change Reason Code: A/N (04) – Note: Previously (03) Assignment Void Code: A/N (01) MC Error Description: A/N (29) Response Code: A/N (1)
130	2300	HD	HD04 – Plan Coverage Description	Inbound/Outbound For GF: Inbound/Outbound: The 2300 HD04 will have a string of contiguous data: Assignment Type Code: A/N (04) Service Region Code: A/N (02) Plan ID: A/N (04) Assignment Reason Code: A/N (04) Assignment Change Reason Code: A/N (04) – Note: Previously (03) Months Enrolled: A/N (04) Cap Category: A/N (05) – Note: Previous name - Cohort ID Record Counter: N (06) Response Code: A/N (1)
130	2300	HD	HD04 – Plan Coverage Description	Inbound For PCK: The 2300 HD04 will have a string of contiguous data: Coverage Plan Type A/N (01) = "A" Plan Aid Category A/N (03) Plan Aid Term Reason A/N (03) Filler A/N (01) Plan Confidentiality Code A/N (01) 'F' – Foster Care 'P' – Peachcare 'N' – None 'Space' - None



834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
				Plan Num of Adults A/N (02) - Required Plan Num of Children A/N (02) - Required
Health Coverage - Continued				
130-131	2300	HD	HD05 - Coverage Level Code	Inbound/Outbound: 'IND' – Individual
2300-DTP Information for GEC and GF				
132-133	2300	DTP	DTP01 – Date/Time Qualifier	This occurrence of the DTP segment can repeat multiple times. One for each of the following: Inbound: If, DTP01=348 (Benefit Begin) If, DTP01=349 (Benefit End) Outbound: If, DTP01=348 (Benefit Begin) If, DTP01=349 (Benefit End) If, DTP01=303 (Maintenance)
133	2300	DTP	DTP03 – Coverage Period	Inbound/Outbound: Begin / End Dates Expressed in CCYYMMDD Format Note: A date format of 22991231 indicates ongoing enrollment.

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
Provider Information <u>PCP Provider Identification for Inbound Transactions</u> <p>If a provider is a typical provider, the NPI must be sent within the 2310-NM109 where NM108=XX.</p> <p>If a provider is an atypical provider, the Tax ID must be sent within the 2310-NM109 where NM108=FI and NM109=Tax ID AND the Medicaid ID must be sent within a second occurrence of the 2310 Loop, where NM108=SV and NM109 = Medicaid ID.</p> <u>PCP Provider Identification for Outbound Transactions</u> <p>If a provider is a typical provider, the NPI will be sent within the 2310-NM109 where NM108=XX.</p> <p>If a provider is an atypical provider, the Tax ID will be sent within the 2310-NM109 where NM108=FI and NM109=Tax ID AND the Medicaid ID will be sent within a second occurrence of the 2310 Loop, where NM108=SV and NM109 = Medicaid ID.</p>				
141	2310	NM1	NM101 - Entity Identifier Code	Inbound For PCK: 'Y2' – Managed Care Organization For GEC and GF: 'Y2' – Managed Care Organization 'P3' – Primary Care Provider (Used for PCP) Outbound For GEC and GF: 'Y2' – Managed Care Organization 'P3' – Primary Care Provider
141	2310	NM1	NM102 – Entity Type Qualifier	Inbound/Outbound: '1' – Person '2' – Non-Person Entity
141	2310	NM1	NM103 – Provider Last Name or Organization Name	Inbound For PCK: 'GA SCHIP' Outbound For GEC: Organization Name or Provider Last

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
				Name
142	2310	NM1	NM108 - Identification Code Qualifier	Inbound/Outbound: 'SV' – Georgia Medicaid Provider ID 'XX' – NPI 'FI' – Federal Taxpayer's ID
142	2310	NM1	NM109 – Identification Code	Inbound/Outbound: If NM108='SV' (Georgia Medicaid Provider ID) If, NM108='XX' (NPI) If, NM108='FI' (Tax ID)
143	2310	NM1	NM110 – Entity Relationship Code	Inbound/Outbound: '25' – Established Patient '26' – Not Established Patient
143	2310	N4	N401 – City Name	Inbound/Outbound For GEC and GF: If applicable, Primary Care Provider City
143	2310	N4	N402 – State	Inbound/Outbound For GEC and GF: If applicable, Primary Care Provider State
144	2310	N4	N403 – Zip Code	Inbound/Outbound For GEC and GF: If applicable, Primary Care Provider Zip Code
146	2310	PER	PER03 - Communication Number Qualifier	Inbound/Outbound For GEC and GF: 'TE' – Telephone
146	2310	PER	PER04 - Communication Number	Inbound/Outbound For GEC and GF: Primary Care Provider Telephone Number



834 Benefit Enrollment and Maintenance				
Page	Loop	Segment	Data Element	Comments
Coordination Of Benefits				
150	2320	COB		If member has >5 TPL spans, only the 5 most current spans will be used. This segment will only be populated when data is available.
150	2320	COB	COB01 - Payer Responsibility Sequence Number Code	Inbound/Outbound For GEC and GF: 'U' - Unknown
151	2320	COB	COB03 – Coordination of Benefits Code	Inbound For GEC: '1' – Coordination of Benefits Outbound For GEC: '1' – Coordination of Benefits '6' – No Coordination of Benefits Inbound/Outbound For GF: '1' – Coordination of Benefits '5' – Unknown '6' – No Coordination of Benefits
For GF Only: The following segments within the 2320 (REF, N1 and DTP) will be populated by GA MMIS on the outbound 834 when data is available. Any 2320 data that is sent on the inbound will not be read by the GA MMIS and, in the event of an edit error on some other record for the same INS segment, will not be returned in the error file.				
152-153	2320	REF	REF01 - Reference Identification Qualifier	Outbound: '6P' – Group Number '60' – Account Suffix Code
153	2320	REF	REF02 - Reference Identification	Outbound: If, REF01=6P REF02 = Coverage Code If, REF01=60 REF02 = Policy Number .
154	2320	N1	N102 – Insurer Name	Outbound: Insurance Company Name

**834 Benefit Enrollment and Maintenance**

Page	Loop	Segment	Data Element	Comments
155	2320	N1	N103 – Identification Code Qualifier	Outbound: 'N1' - National Association of Insurance Commissioners (NAIC) Identification
155	2320	N1	N104 – Identification Code	Outbound: Other Insurance Carrier Code
156	2320	DTP	DTP01 - Date Time Qualifier	Outbound: This occurrence of the DTP segment can repeat multiple times. One for each of the following: '344' – Coordination of Benefits Begins '345' – Coordination of Benefits End
156	2320	DTP	DTP03 – Coordination of Benefits Date	Outbound: This is the COB Benefits Begin / End Dates Expressed in CCYYMMDD Format



Appendix A

Record Type Codes that will be sent and/or received within the last two positions of the 2000-REF02, where REF01=3H

A.1 GEC Record Type Codes

Inbound	Outbound	Value
	Yes	01 – Potential Eligible
Yes		02 – Disenrollment (Opt-Out)
Yes		03 – Enrollment (Opt-In)
Yes	Yes	04 – Address Information
Yes		05 - Special Disenrollment
	Yes	06 – Ineligible
	Yes	07 – Member Merge Source
	Yes	08 – Member Merge-Target (Unmerge)
	Yes	09 – New Member on Roster
	Yes	10 – Current Members on Roster
	Yes	11 – Terminated Members on Roster
	Yes	27 – Online Updates

A.2 GF Record Type Codes

Outbound Value Codes sent to EB and CMO daily:

EB	CMO	Value
Yes		01 – Potential Eligible
Yes		06 – Ineligible
Yes	Yes	07 – Member Merge-Source
Yes	Yes	08 – Member Merge-Target (Unmerge)
Yes	Yes	14 – Enrolled Newborns
	Yes	15 – Enrolled Members in Foster Care (Ongoing transition)
Yes	Yes	17 – Change occurred that didn't affect the eligibility of a member (This will be sent with transaction type: 021).
Yes	Yes	18 – Member Void: A CMO Assignment has been voided (Assignment void from GF EOM process or via an ad hoc assignment update. This will be sent with transaction type: 024



EB	CMO	Value
	Yes	21 – GAPP – PA (Ongoing transition)
	Yes	22 – Deeming Waiver (Ongoing transition)
	Yes	23 – CMS (Ongoing transition)
	Yes	24 - SSI (Ongoing transition)
	Yes	25 - Hospice (Ongoing transition)
Yes	Yes	27 – Change occurred to the CMO assignment. Current assignment is sent with transaction type 030. Historical assignment is sent with transaction type 024.
Yes		92 – Disenrollment records sent that did not pass edits
Yes		93 – Enrollment records sent that did not pass edits.
Yes		94 – Address records sent that did not pass edits
Yes		95 – Special disenrollment records sent that did not pass edits
Yes		99 – These are records sent with an invalid record type did not pass edits

A.2.1 Outbound Value Codes sent to EB and CMO monthly:

EB	CMO	Value
Yes	Yes	09 – New Members on Roster
Yes	Yes	10 – Current Members on Roster
Yes	Yes	11 – Terminated Members on Roster
Yes	Yes	12 – Retroactive Members on Roster
Yes	Yes	13 – Pended Members on Roster
Yes	Yes	18 - Void

A.2.2 Outbound Value Codes sent to EB and CMO for Recon Quarterly:

EB	CMO	Value
Yes	Yes	03 - Add
Yes	Yes	10 – Current Members on Roster
Yes	Yes	18 - Void

**A.2.3 Inbound Value Codes sent to GA MMIS Daily:**

EB	CMO	Value
Yes		02 – Disenrollment
Yes		03 – Enrollment
Yes		04 – Address Change
Yes		05 – Special Disenrollment
	Yes	16 – PCP Change

A.2.4 Inbound Value Codes sent to GA MMIS for Recon Quarterly:

EB	CMO	Value
Yes	Yes	10 – Current Members on Roster



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Appendix B

Assignment Type Codes, Assign Reason Codes and Change Reason Codes (Information within HD04)

B.1 Assignment Type Codes – HD04 positions 1-4

Data Element Name	Valid Values
Assignment Type Code	CMO: CMO
	CMS: Children Medical Service
	GAPP: Georgia Pediatric Program
	GBHC: Georgia Better Health Care
	LHSP: Hospice Physician Lock-In
	LICS: Physician for Controlled Substance
	LI30: Pharmacy Lock-in Spec Pharmacy
	LI43: Physician Lock-in Spec Physician
	LI72: Dialysis Lock-in Spec Provider
	MHSP: Medicare Hospice
	REVV: On Review Indicator
	DSM: Disease State Management

B.2 GF Assignment Codes – HD04 positions 11-14

Assignment Reason Codes in the 834 have two purposes:

1. Potential – Inform the EB of a potential eligible – begin outreach

Assign Reason Code	Description
650	CMO-AA-NO-SELECT

2. Assignment – New assignment for Member

GF Assignment Reason Codes – Expected from EB, Added by DCH, Added by MMIS, Recon Process, Description and Business Rules to Apply Change Reason Code.



Assignment Reason Codes	EB, DCH, MMIS, RECON	Business Rules to Apply Change Reason Code
299	EB	CONVERSION UNKNOWN ASGN RSN
648	EB	RECONCILIATION ADJUSTMENT START
649	EB	CMO ONLINE MEMBER ENROLLMENT
651	EB	CMO AUTO ASSIGN-SELECTION
652	EB	CMO MEMBER CHOICE CHANGE
653	EB	CMO HIGH SECURITY ASSIGN OVR
654	EB	CMO AUTO RE-ENROLLMENT
656	EB	CMO-INFANT-ENROLL
657	EB	CMO REASSGN MRL OR RLGS REASON
658	EB	CMO REASSGN TO SAME FAMILY PLN
660	EB	CMO REASSGN FOR POOR QTL CARE
661	EB	CMO HISTORIC ENROLLMENT
662	EB	CMO REASSGN FOR SERV NOT PROV
663	EB	CMO OPN ENRL NEW CHOICE
688	EB	CMO FAMILY ENROLLMENT
689	EB	CMO INTERNAL REGION CHANGE
694	EB	CMO MEMBER REASSIGNED
699	EB	CMO SPECIAL MASS TRANSFER
899	EB	CMO MASS CHANGE ASSIGNMENT
650	MMIS	CMO-AA-NO-SELECT
653	DCH	Change Override
648	RECON	Recon Assign for Assignment Adjustment
650	MMIS	Auto Assigned, Member didn't make a selection
654	MMIS	Reassignment to previous CMO after regaining eligibility.
656	MMIS	Newborn auto assigned to mother's CMO
899	MMIS	Member was Mass Changed
M675	MMIS	Identifies the Assignment Reason Code for a New Lock-in Span Created on the Target Table Due to Merge Process
MXXX	MMIS	Any Assignment Reason Code with a Preceding variable of "M" identifies a Source Span Moved to Target Table Due to the merge Process.



Assignment Reason Codes	EB, DCH, MMIS, RECON	Business Rules to Apply Change Reason Code
VXXX	MMIS	Any Assignment Reason Code with a Preceding variable of "V" identifies a Source Span partially Overlaps Target Span that is Moved to Target Table and is Voided Due to the Merge Process.

B.3 GEC Valid Values for Assignment Codes HD04 positions 11-14

Start Reason Code	Description
299	CONVERSION UNKNOWN ASGN RSN
700	DSM AUTO ENROLLMENT
701	DSM OPT-IN
702	DSM OPT-OUT
775	DSM RE-ENROLLMENT
799	DSM MASS CHANGE
M675	NEW BEGIN DATE DUE TO MERGE
M700	DSM AUTO ENROLLMENT MERGE
M701	DSM OPT-IN MERGE
M702	DSM OPT-OUT MERGE
M775	DSM RE-ENROLLMENT MERGE
M799	DSM MASS CHANGE MERGE
M995	DEFAULT MERGE RSN FOR MBR MRG
V675	MRG NO PRIOR ASSIGN RSN VOID
V700	DSM AUTO ENROLLMENT VOID
V701	DSM OPT-IN VOID
V702	DSM OPT-OUT VOID
V775	DSM RE-ENROLLMENT VOID
V799	DSM MASS CHANGE VOID
V995	DEFAULT VOID RSN FOR MBR MRG

**B.4 GF Change Reason Codes HD04 positions 15-18**

Information that will be sent to the EB and CMO's due to Recon Process, Void and Merge Process.

Change Reason Codes sent to the EB and CMOs due to the Recon Process:

Change Reason Code	834 Transaction Direction	Long Description
647	Outbound 834	Recon chg for lock-in adjustment
CNR	Outbound 834	Recon void change reason code

Change Reason Code to Illustrate a Void

Change Reason Code	834 Transaction Direction	Long Description
CN	Outbound 834	Cancellation

Change Reason Codes sent to the EB and CMOs due to the Merge Process:

Change Reason Code	834 Transaction Direction	Long Description
675	Outbound 834	Identifies the Change Reason Code for a Lock-in span Terminated on the Target Table Due to Merge Process

B.5 GF Valid Values for Change Reason Codes/Assignment and Term Table - HD04 positions 15-18**Change Reason Codes in the 834 have three purposes:**

1. Edit errors from inbound 834

Disenrollment Reason Code	Description
028	WV – B6108-C-PROV-NOT-FND
200	INVALID RECORD TYPE (MISSING MEMBER ID)
300	INVALID/MISSING MEMBER ID
305	INVALID ASSIGNMENT REASON CODE



Disenrollment Reason Code	Description
306	INVALID CHANGE REASON CODE
310	MISSING REQUIRED RES ADDR FLDS
311	MISSING REQUIRED MLG ADDR FLDS
312	MBR TO DISENROLL NOT ENROLLED
314	INVALID LOCKIN DATES
318	RE-ENROLL NOT AFTER DISENROLL
322	INVALID PROVIDER/PLAN
329	MBR NOT FND ON LOCKIN/PENDED
510	PCP NPI MISSING
511	PCP MCD MISSING
512	PCP TAXPAYER ID MISSING
513	PCP ZIP CODE MISSING
514	PCP ZIP CODE MISMATCH

2. Disenrollment reason

Outbound to inform the EB results from processing the daily 834 inbound and new potential

Disenrollment Reason Code	Description
200	INVALID RECORD TYPE (MISSING MEMBER ID)
201	MEMBER ID NOT FOUND
300	INVALID/MISSING MEMBER ID
301	DUPLICATE ROW FOUND
302	COUNTY CODE NOT FOUND REGION
303	NAME NOT MATCHED
304	INVALID / UNMATCHED SSN
305	INVALID ASSIGNMENT REASON CODE
306	INVALID CHANGE REASON CODE
307	PEND ROW ALREADY EXIST
308	INVALID RESIDENTIAL COUNTY
309	INVALID MAILING COUNTY



Disenrollment Reason Code	Description
310	MISSING REQUIRED RES ADDR FLDS
311	MISSING REQUIRED MLG ADDR FLDS
312	MBR TO DISENROLL NOT ENROLLED
313	INVALID DEATH DATE
314	INVALID LOCKIN DATES
315	INVALID PLAN FOR THIS COUNTY
316	INVALID/MISSING CASE NUMBER
317	MBR ENROLLED TO SAME CMO
318	RE-ENROLL NOT AFTER DISENROLL
319	MISSING/INVALID REGION CODE
320	PROVIDER/PLAN ID NOT MATCHED
321	INVALID LOCKIN TYPE CODE
322	INVALID PROVIDER/PLAN
323	MBR PENDING EXEMPT PROGRAM
324	DUPLICATE PRIOR TRANSACTION
325	ENROLLMENT-FOR-CHOICE DROPPED
326	BACKOUT DISENROLL, ENROLL ERR
327	INVALID RES ADDR, MLG ADDR OK
328	INVALID MLG ADR, RES ADDR OK
329	MBR NOT FND ON LOCKIN/PENDED
330	LOCKIN DATE LESS THAN REGION START DATE
647	RECONCILIATION ADJUSTMENT STOP
655	CMO MASS CHG TERM
675	MEMBER MERGE
676	MEMBER UNMERGE
677	CMO MORAL OR RELIGIOUS DSENRL
678	CMO MBR REQ SAME PLN AS FAMILY
679	CMO FOR CAUSE DISENROLLMENT
684	CMO REQ FOR POOR QLTY CARE
685	CMO REQ FOR SERV NOT PROVIDED
692	CMO FRAUD/ABUSE SVCS



Disenrollment Reason Code	Description
693	CMO MEM CHOICE-YRLY OPN ENRL
695	MC YEARLY OPEN ENROLLMENT OVRD
696	CMO MASS CHANGE TERM LOW VALUE
697	CMO MASS CHANGE TERM CURR DATE
698	SPECIAL CHANGE DUE TO CMO EXIT
901	PLAN NOT VALID FOR RGN
902	NO PARENT ELIGIBILITY
903	AID CODE NOT ALLOWED FOR PLAN
905	MEMBER IN EXCLUDED BENEFIT PLN
906	MEMBER IN EXCL ASGN PLAN - GF
907	MEMBER IN EXCL ASGN PLAN - DSM
908	MEMBER IN EXCL ASGN PLAN - ASO
909	MEMBER IN EXCL ASGN PLAN -GBHC
911	MEMBER HAS EMA ELIGIBILITY
912	MEMBER HAS WAIVER - CCSP
913	MEMBER HAS WAIVER - CHMRP
915	MEMBER HAS WAIVER - CPNOW
916	MEMBER HAS WAIVER - ICWP
918	MEMBER HAS WAIVER - GAPP2
919	MEMBER HAS LOCKIN - GAPP1
920	MEMBER HAS LOCKIN - ICFMR
921	MEMBER IN HOSPICE - LHSP
922	MEMBER IN NHOME
923	MEMBER IN SOURCE
924	MEMBER IN HOSPICE - TA90
925	MEMBER IN HOSPICE - TB90
926	MEMBER INHOSPICE - TC30
927	MEMBER IN HOSPICE - TD185
928	MEMBER IN HOSPICE - TX90
929	MEMBER IS DEAD
930	MEMBER IN FOSTER CARE LV ARNG



Disenrollment Reason Code	Description
931	MEMBER HAS MEDICARE
932	MEMBER HAS HIP
933	MEMBER HAS CMS EXEMPTION
934	MEMBER HAS NATIVE AMERICAN EXM
956	MEMBER HAS TRIS EXEMPTION
957	MEMBER HAS C-BAY
959	MEMBER MOVED OUT OF PROV RGN
960	MEMBER ABUSIVE/DISRUPTIVE
962	MEMBER NON COMPLIANT
963	OTHER DISENROLLMENT REASON
967	MASS TRANSFER
968	MASS DISENROLLMENT
969	MEMBER HAS WAIVER - CONVERSION
970	FRAUD/ABUSE SERVICES
972	DCH AUTHORIZED EXEMPTION
974	MEMBER HAS GAPP1 OR GAPP2
975	EXEMPTION CONDITION
979	MBR DOES NOT MEET PGM CRITERIA

3. Daily Inbound Disenrollments from the EB to GA MMIS

Valid Values are:

Disenrollment Reason Code	Description
665	Special Disenrollment – Member Death
667	Special Disenrollment – Member Incarcerated
668	Special Disenrollment – Member Moved
669	Special Disenrollment – Member Medicare
933	Children Enrolled in Children Medical Services (CMS)
956	Children Enrolled in Multi-Agency Team for Children (MATCH)
974	Children Enrolled in Georgia Pediatric Program (GAPP)



Disenrollment Reason Code	Description
934	CMO Initiated Member Dis-enrollment/Abuse
674	Member Change during Open Enrollment Period
677	CMO MORAL OR RELIGIOUS DSENRL
678	CMO MBR REQ SAME PLN AS FAMILY
679	CMO FOR CAUSE DISENROLLMENT
684	CMO REQ FOR POOR QLTY CARE
685	CMO REQ FOR SERV NOT PROVIDED

**Assignments / Disenrollments that must be sent by the Enrollment Broker in pairs:**

Version: 04/09/2007

TERM CODE	TERM DESCRIPTION	ASSGN CODE	ASSIGNMENT DESCRIPTION	CONDITION	ORIGIN
967	Mass Change termination with a corresponding reassignment	899	Mass Change Assignment	Members assignment by the Mass Change process. Reassignment for 659 closure	HP – to move all or part of a CMOs membership to one or more CMOs using a percentage or count.
674	Change of Plan Choice. Disenrollment during the 90 day choice period prior to being locked in to a CMO.	652	Member Choice change	Change of (CMO) plan during the 90 day choice period prior to being locked into a plan.	EB – Daily Member choice changes
677	GF Member Request Moral or religious reasons	657	GF Member reassignment for Moral or religious reasons	Member request disenrollment from plan due to plan not providing services because of moral or religious reasons. Reassignment for 677 closure	EB
678	GF Member Request Same plan as family	658	GF Member reassignment to Same plan as family	Member request disenrollment from plan to be in same plan as family member. Reassignment for 678 closure.	EB
684	GF Member Request due to poor quality of	660	GF Member reassignment due to	Member request disenrollment from plan	EB



TERM CODE	TERM DESCRIPTION	ASSGN CODE	ASSIGNMENT DESCRIPTION	CONDITION	ORIGIN
	care		poor quality of care	due to poor quality of care, lack of access, lack of provider experience with certain needs. Reassignment for 684 closure.	
685	GF Member Request due to service not provided	662	GF Member reassignment due to service not provided	Member request due to related services not provided. Reassignment for 685 closure.	EB
693	Member's new choice during yearly open enrollment period	663	Member's new choice during yearly open enrollment period	Member request change of CMO during his/her annual open enrollment period.	EB
695	Member's new choice during yearly open enrollment period – Adjusted	694	Member's new choice during yearly open enrollment period – Adjusted	Member request change of CMO during his/her annual open enrollment period, adjusted or deferred to subsequent month.	EB

**B.6 GEC Valid Values for Change Reason Codes/Assignment and Term Table - HD04 positions 15-18****Change Reason Codes in the 834 have three purposes:**

1. Edit errors from inbound 834

Disenrollment Reason Code	Description
200	INVALID RECORD TYPE (MISSING MEMBER ID)
300	INVALID/MISSING MEMBER ID
305	INVALID ASSIGNMENT REASON CODE
306	INVALID CHANGE REASON CODE
310	MISSING REQUIRED RES ADDR FLDS
311	MISSING REQUIRED MLG ADDR FLDS
312	MBR TO DISENROLL NOT ENROLLED
314	INVALID LOCKIN DATES
318	RE-ENROLL NOT AFTER DISENROLL
322	INVALID PROVIDER/PLAN
028	WV – B6108-C-PROV-NOT-FND

2. Disenrollment reason

Outbound to inform the EB results from processing the daily 834 inbound and new potential



Stop Reason Code	Description
675	MEMBER MERGE
676	MEMBER UNMERGE
751	DSM MBR IN PASRR
752	GBHC CLOSE DUE TO DM OPTOUT
901	PLAN NOT VALID FOR RGN
902	NO PARENT ELIGIBILITY
903	AID CODE NOT ALLOWED FOR PLAN
904	MEMBER HAS EXCLUDED AID CODE
905	MEMBER IN EXCLUDED BENEFIT PLN
906	MEMBER IN EXCL ASGN PLAN - GF
907	MEMBER IN EXCL ASGN PLAN - DSM
908	MEMBER IN EXCL ASGN PLAN - ASO
911	MEMBER HAS EMA ELIGIBILITY
912	MEMBER HAS WAIVER - CCSP
913	MEMBER HAS WAIVER - CHMRP
915	MEMBER HAS WAIVER - CPNOW
916	MEMBER HAS WAIVER - ICWP
918	MEMBER HAS WAIVER - GAPP2
919	MEMBER HAS LOCKIN - GAPP1
920	MEMBER HAS LOCKIN - ICFMR
921	MEMBER IN HOSPICE - LHSP



Stop Reason Code	Description
922	MEMBER IN NHOME
923	MEMBER IN SOURCE
924	MEMBER IN HOSPICE - TA90
925	MEMBER IN HOSPICE - TB90
926	MEMBER INHOSPICE - TC30
927	MEMBER IN HOSPICE - TD185
928	MEMBER IN HOSPICE - TX90
929	MEMBER IS DEAD
930	MEMBER IN FOSTER CARE LV ARNG
931	MEMBER HAS MEDICARE
932	MEMBER HAS HIP
933	MEMBER HAS CMS EXEMPTION
934	MEMBER HAS NATIVE AMERICAN EXM
935	MEMBER HAS GBHC MEDICARE EXM
936	MEMBER HAS GBHC AID CAT EXM
937	MEMBER HAS GBHC CASE MGT EXM
938	MEMBER HAS GBHC WAIVER SVC EXM
939	MEMBER W GBHC INSTITUTION EXM
940	MEMBER W GBHC FOSTER CARE EXM
941	MEMBER HAS GBHC COB EXEMPTION
942	MEMBER W GBHC SPCL NEEDS EXM



Stop Reason Code	Description
943	MEMBER HAS GBHC TITLE V EXM
948	MEMBER HAS TPL COVERAGE
951	SSI CHILD DSM OPT-IN CHOICE
952	MEMBER IN GROUP PC HOME < 17
953	MBR IN GROUP PERSONAL HM < 17
954	MEMBER IN PERSONAL CARE HOME
955	MEMBER HAS TCM EXEMPTION
956	MEMBER HAS TRIS EXEMPTION
957	MEMBER HAS C-BAY
959	MEMBER MOVED OUT OF PROV RGN
960	MEMBER ABUSIVE/DISRUPTIVE
961	PROV NO LONGER HAS PLN CONTRCT
962	MEMBER NON COMPLIANT
963	OTHER DISENROLLMENT REASON
965	PROV RQST MBR REASSIGNMENT
968	MASS DISENROLLMENT
969	MEMBER HAS WAIVER - CONVERSION
970	FRAUD/ABUSE SERVICES
971	MEMBER HAS HOSPICE LOCKIN
974	MEMBER HAS GAPP1 OR GAPP2

3. Daily Inbound Disenrollments from the DSM trading partners to GA MMIS



Valid Values are:

Disenrollment Reason Code	Description
665	Special Disenrollment – Member Death
667	Special Disenrollment – Member Incarcerated
668	Special Disenrollment – Member Moved
669	Special Disenrollment – Member Medicare
949	MEMBER HAS OPTED OUT OF DSM
950	SSI CHILD HAS OPTED OUT OF DSM

**B.7 GEC Change Reason Codes HD04 positions 15-18**

Information that will be sent to the GEC due to Void Process.

Change Reason Code to Illustrate a Void

Change Reason Code	834 Transaction Direction	Long Description
CN	Outbound 834	Cancellation



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Appendix C

C.1 Aid Categories for GEC

Below is a list of Category of Eligibility codes that will include members into the Georgia Enhanced Care Program. The member needs to have an aid category that is in the inclusion table, not be excluded for any reason and pass all the eligibility checks to be deemed eligible for Georgia Enhanced Care Program.

COE	AID CATEGORY DESCRIPTION	COE	AID CATEGORY DESCRIPTION
218	PROTECTED MED / 1972 COLA – AGED	302	SSI – BLIND
219	PROTECTED MED / 1972 COLA – BLIND	303	SSI – DISABLED
220	PROTECTED MED / 1972 COLA – DISABLED	307	SSI WORK CONTINUANCE - AGED
221	DISABLED WIDOWER 1984 COLA – AGED	308	SSI WORK CONTINUANCE – BLIND
222	DISABLED WIDOWER 1984 COLA – BLIND	309	SSI WORK CONTINUANCE – DISABLED
223	DISABLED WIDOWER 1984 COLA – DISABLED	315	SSI ZEBLEY CHILD
224	PICKLE – AGED	424	PICKLE – AGED
225	PICKLE – BLIND	425	PICKLE – BLIND
226	PICKLE – DISABLED	426	PICKLE – DISABLED
227	DISABLED ADULT CHILD – AGED	427	DISABLED ADULT CHILD – AGED
228	DISABLED ADULT CHILD – BLIND	428	DISABLED ADULT CHILD – BLIND
229	DISABLED ADULT CHILD – DISABLED	429	DISABLED ADULT CHILD – DISABLED
230	DISABLED WIDOWER AGE 50-59, AGED	445	N07 CHILD
231	DISABLED WIDOWER AGE 50-59, BLIND	446	WIDOWER – AGED
232	DISABLED WIDOWER AGE 50-59, DISABLED	447	WIDOWER – BLIND
233	WIDOWER AGED 60-64 - AGED	448	WIDOWER – DISABLED



COE	AID CATEGORY DESCRIPTION	COE	AID CATEGORY DESCRIPTION
234	WIDOWER AGED 60-64 - BLIND	915	AGED MAO
235	WIDOWER AGED 60-64 - DISABLED	916	BLIND MAO
301	SSI – AGED	917	DISABLED MAO

C.2 Aid Categories for GF

Below is a list of CMO Eligible Aid Categories that will include members into the GF program. The member needs to have an aid category that is in the inclusion table, not be excluded for any reason and pass all the eligibility checks to be deemed eligible for the CMO.

Cohort	Age	Sex	Category	Related Category of Eligibility
601	0-2 months	n/a	LIM/RSM/Refugee	104 LIM - Adult 105 LIM - Child
602	3-11 months	n/a		118 LIM-1st Yr Trns Med Ast Adult 119 LIM-1st Yr Trans Med Ast Child
603	1-5 years	n/a		120 LIM-2nd Yr Trans Med Ast Adult 121 LIM-2nd Yr Trans Med Ast Child
604	6-13 years	n/a		122 CS Adult 4 Month Extended 123 CS Child 4 Month Extended
605	14-20 years	Female		124 Standard Filing Unit - Adult 125 Standard Filing Unit - Child
606	14-20 years	Male		126 Stepchild 135 Newborn Child
607	21-44 years	Female		170 RSM Pregnant Woman 171 RSM Child
608	21-44 years	Male		194 RSM Expansion Pregnant Woman 195 RSM Expansion Child < 1 Yr



Cohort	Age	Sex	Category	Related Category of Eligibility
609	45 years and older	Female		196 RSM Expn Chld w/ DOB <=10/1/83 197 RSM Preg Women Income>185 FPL 471 RSM Child
610	45 years and older	Male		506 Refugee (DMP) - Adult 507 Refugee (DMP) - Child 508 Post Ref Extended Med - Adult 509 Post Ref Extended Med - Child 510 Refugee MAO - Adult 511 Refugee MAO - Child 571 Refugee RSM Child 595 Refugee RSM Exp. Chld <1 596 Ref.RSM ExpChld DOB </=100183 804 Lim REI Adult 805 Lim REI Child 818 TMA REI Adult 819 TMA REI Child 835 Newborn 836 Newborn (DHACS) 871 RSM (DHACS) 872 RSM 150% Expansion (DHACS) 876 RSM Preg Woman (DHACS) 894 RSM Exp Preg Woman (DHACS) 895 RSM Exp. Chld. <1 (DHACS) 896 RSM Exp. Chld. </=10183(DHACS) 897 RSM Preg Wom Inc>185%FPL(DHACS) 898 RSM Child<1 Moth Aid= 897(DHAC 918 LIM Adult



Cohort	Age	Sex	Category	Related Category of Eligibility
				919 LIM Child 920 Refugee Adult 921 Refugee Child
611	0-2 months	n/a	PeachCare	790 Peachcare <150% FPL
612	3-11 months	n/a		791 Peachcare 150 - 200% FPL
613	1-5 years	n/a		792 Peachcare 201 - 235% FPL
614	6-13 years	n/a		793 Peachcare >235% FPL
615	14-20 years	Female		
616	14-20 years	Male		
617	n/a	n/a	Breast and Cervical Cancer	245 BCC Waiver 800 Presumptive BCC
618	n/a	n/a	Delivery Payment	'DVP' May appear in this field. This is not a COE code. This is the indicator for delivery payment.



C.3 Aid Categories for PCK

COE	AID CATEGORY DESCRIPTION
790	Income < = 150
791	Income > 150,000 but < = 200
792	Income > 200,000 but < = 235
793	Income > 235



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Appendix D

Values for Service Region Number, Region Name, County, County Code, and Region Code.

D.1 County Codes and Service Region

COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Appling	001	05 - Southeast	08 - South
Atkinson	002	06 - Southwest	08 - South
Bacon	003	05 - Southeast	08 - South
Baker	004	06 - Southwest	08 - South
Baldwin	005	02 - Central	08 - South
Banks	006	04 - North	07 - Atlanta, North
Barrow	007	01 - Atlanta	07 - Atlanta, North
Bartow	008	01 - Atlanta	07 - Atlanta, North
Ben Hill	009	06 - Southwest	08 - South
Berrien	010	06 - Southwest	08 - South
Bibb	011	02 - Central	08 - South
Bleckley	012	02 - Central	08 - South
Brantley	013	05 - Southeast	08 - South
Brooks	014	06 - Southwest	08 - South
Bryan	015	05 - Southeast	08 - South
Bullock	016	05 - Southeast	08 - South
Burke	017	03 - East	08 - South
Butts	018	01 - Atlanta	07 - Atlanta, North



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Calhoun	019	06 - Southwest	08 - South
Camden	020	05 - Southeast	08 - South
Candler	021	05 - Southeast	08 - South
Carroll	022	01 - Atlanta	07 - Atlanta, North
Catoosa	023	04 - North	07 - Atlanta, North
Charlton	024	05 - Southeast	08 - South
Chatham	025	05 - Southeast	08 - South
Chattahoochee	026	02 - Central	08 - South
Chattooga	027	04 - North	07 - Atlanta, North
Cherokee	028	01 - Atlanta	07 - Atlanta, North
Clarke	029	04 - North	07 - Atlanta, North
Clay	030	06 - Southwest	08 - South
Clayton	031	01 - Atlanta	07 - Atlanta, North
Clinch	032	06 - Southwest	08 - South
Cobb	033	01 - Atlanta	07 - Atlanta, North
Coffee	034	06 - Southwest	08 - South
Colquitt	035	06 - Southwest	08 - South
Columbia	036	03 - East	08 - South
Cook	037	06 - Southwest	08 - South
Coweta	038	01 - Atlanta	07 - Atlanta, North
Crawford	039	02 - Central	08 - South
Crisp	040	02 - Central	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Dade	041	04 - North	07 - Atlanta, North
Dawson	042	04 - North	07 - Atlanta, North
Decatur	043	06 - Southwest	08 - South
DeKalb	044	01 - Atlanta	07 - Atlanta, North
Dodge	045	02 - Central	08 - South
Dooly	046	02 - Central	08 - South
Dougherty	047	06 - Southwest	08 - South
Douglas	048	01 - Atlanta	07 - Atlanta, North
Early	049	06 - Southwest	08 - South
Echols	050	06 - Southwest	08 - South
Effingham	051	05 - Southeast	08 - South
Elbert	052	04 - North	07 - Atlanta, North
Emanuel	053	03 - East	08 - South
Evans	054	05 - Southeast	08 - South
Fannin	055	04 - North	07 - Atlanta, North
Fayette	056	01 - Atlanta	07 - Atlanta, North
Floyd	057	04 - North	07 - Atlanta, North
Forsyth	058	01 - Atlanta	07 - Atlanta, North
Franklin	059	04 - North	07 - Atlanta, North
Fulton	060	01 - Atlanta	07 - Atlanta, North
Gilmer	061	04 - North	07 - Atlanta, North
Glascok	062	03 - East	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Glynn	063	05 - Southeast	08 - South
Gordon	064	04 - North	07 - Atlanta, North
Grady	065	06 - Southwest	08 - South
Greene	066	03 - East	08 - South
Gwinnett	067	01 - Atlanta	07 - Atlanta, North
Habersham	068	04 - North	07 - Atlanta, North
Hall	069	04 - North	07 - Atlanta, North
Hancock	070	03 - East	08 - South
Haralson	071	01 - Atlanta	07 - Atlanta, North
Harris	072	02 - Central	08 - South
Hart	073	04 - North	07 - Atlanta, North
Heard	074	02 - Central	08 - South
Henry	075	01 - Atlanta	07 - Atlanta, North
Houston	076	02 - Central	08 - South
Irwin	077	06 - Southwest	08 - South
Jackson	078	04 - North	07 - Atlanta, North
Jasper	079	01 - Atlanta	07 - Atlanta, North
Jeff Davis	080	05 - Southeast	08 - South
Jefferson	081	03 - East	08 - South
Jenkins	082	03 - East	08 - South
Johnson	083	02 - Central	08 - South
Jones	084	02 - Central	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Lamar	085	02 - Central	08 - South
Lanier	086	06 - Southwest	08 - South
Laurens	087	02 - Central	08 - South
Lee	088	06 - Southwest	08 - South
Liberty	089	05 - Southeast	08 - South
Lincoln	090	03 - East	08 - South
Long	091	05 - Southeast	08 - South
Lowndes	092	06 - Southwest	08 - South
Lumpkin	093	04 - North	07 - Atlanta, North
Macon	094	02 - Central	08 - South
Madison	095	04 - North	07 - Atlanta, North
Marion	096	02 - Central	08 - South
McDuffie	097	03 - East	08 - South
McIntosh	098	05 - Southeast	08 - South
Meriwether	099	02 - Central	08 - South
Miller	100	06 - Southwest	08 - South
Mitchell	101	06 - Southwest	08 - South
Monroe	102	02 - Central	08 - South
Montgomery	103	05 - Southeast	08 - South
Morgan	104	04 - North	07 - Atlanta, North
Murray	105	04 - North	07 - Atlanta, North
Muscogee	106	02 - Central	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Newton	107	01 - Atlanta	07 - Atlanta, North
Oconee	108	04 - North	07 - Atlanta, North
Oglethorpe	109	04 - North	07 - Atlanta, North
Paulding	110	01 - Atlanta	07 - Atlanta, North
Peach	111	02 - Central	08 - South
Pickens	112	01 - Atlanta	07 - Atlanta, North
Pierce	113	05 - Southeast	08 - South
Pike	114	02 - Central	08 - South
Polk	115	04 - North	07 - Atlanta, North
Pulaski	116	02 - Central	08 - South
Putnam	117	03 - East	08 - South
Quitman	118	06 - Southwest	08 - South
Rabun	119	04 - North	07 - Atlanta, North
Randolph	120	06 - Southwest	08 - South
Richmond	121	03 - East	08 - South
Rockdale	122	01 - Atlanta	07 - Atlanta, North
Schley	123	06 - Southwest	08 - South
Screven	124	05 - Southeast	08 - South
Seminole	125	06 - Southwest	08 - South
Spalding	126	01 - Atlanta	07 - Atlanta, North
Stephens	127	04 - North	07 - Atlanta, North
Stewart	128	06 - Southwest	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Sumter	129	06 - Southwest	08 - South
Talbot	130	02 - Central	08 - South
Taliaferro	131	03 - East	08 - South
Tattnall	132	05 - Southeast	08 - South
Taylor	133	02 - Central	08 - South
Telfair	134	02 - Central	08 - South
Terrell	135	06 - Southwest	08 - South
Thomas	136	06 - Southwest	08 - South
Tift	137	06 - Southwest	08 - South
Toombs	138	05 - Southeast	08 - South
Towns	139	04 - North	07 - Atlanta, North
Treutlen	140	02 - Central	08 - South
Troup	141	02 - Central	08 - South
Turner	142	06 - Southwest	08 - South
Twiggs	143	02 - Central	08 - South
Union	144	04 - North	07 - Atlanta, North
Upson	145	02 - Central	08 - South
Walker	146	04 - North	07 - Atlanta, North
Walton	147	01 - Atlanta	07 - Atlanta, North
Ware	148	05 - Southeast	08 - South
Warren	149	03 - East	08 - South
Washington	150	03 - East	08 - South



COUNTY	COUNTY CODE	CMO REGION / NAME	DSM REGION / NAME
Wayne	151	05 - Southeast	08 - South
Webster	152	06 - Southwest	08 - South
Wheeler	153	02 - Central	08 - South
White	154	04 - North	07 - Atlanta, North
Whitfield	155	04 - North	07 - Atlanta, North
Wilcox	156	02 - Central	08 - South
Wilkes	157	03 - East	08 - South
Wilkinson	158	02 - Central	08 - South
Worth	159	06 - Southwest	08 - South



Appendix E

E.1 PCK Term Reason Codes

Only required if terminating an Aid Category.

PLAN AID TERM REASON	DESCRIPTION
CCC	PCK PROC DEFAULT CLOSURE CODE
PRE	PCK RECON AUTO CLOSURE REASON
Z01	PCARE NON-PREMIUM PAYMENT
Z02	PCARE EMPLOYED BY STATE OF GA
Z03	PCARE INCOME EXCEEDS REQUIREMENT
Z04	PCARE OTHER INSURANCE
Z05	PCARE CHILD NOT IN PARENTS HOME
Z06	PCARE PARENT REQ CAN CHILD
Z07	PCARE NO SSN OR PROOF OF APPL
Z08	PCARE HAS MEDICAID COVERAGE
Z09	PCARE TEEN TURNED 19 YEARS OLD
Z10	PCARE CHILD TURNS 6 YEARS OLD
Z11	PCARE CHILD TURNS 1 YEARS OLD
Z12	PCARE FAIL TO PROVID SIGNATURE
Z13	PCARE CHILD MOVED OUT OF STATE
Z14	PCARE CHILD NOT A CITIZEN
Z15	PCARE NO LONGER PREGNANT



PLAN AID TERM REASON	DESCRIPTION
Z16	PCK CAN'T MAKE CONTACT WITH FAMILY
Z20	PCK CATEGORY OF AID CHANGED
SPACES	AID CATEGORY (COE) IS NOT TERMINATED



Appendix F

F.1 2000 and 2300-DTP Matrix

Below is a matrix for the HD01 (Maintenance Type Code), Record Type Code, 2000-DTP Segment, where DTP01=356 (Eligibility Begin), DTP01=357 (Eligibility End), DTP01=303 (Benefit Maintenance), 2300-DTP01=348 (Benefit Begin), DTP01=349 (Benefit End) and Description.

HD01 (Maintenance Type Code)	Record Type Code REF02, where REF01= 3H	Eligibility Begin 2000 DTP01=356	Eligibility End 2000 DTP01=357	Benefit Maintenance 2300 DTP01=303	Benefit Begin 2300 DTP01=348	Benefit End 2300 DTP01=349	Description
021	01	Yes	Yes	No	Yes	No	Potential Eligible (No Assignment)
001	04	Yes	Yes	Yes	No	No	Demographic Change
001	06	Yes	Yes	Yes	Yes	No	Ineligible
030	07	Yes	Yes	Yes	No	No	Merge Source
030	08	Yes	No	No	Yes	Yes	Merge Target
021	09	Yes	No	No	Yes	Yes	New Member on Roster
030	10	Yes	No	No	Yes	Yes	Current Member
024	11	Yes	No	No	No	Yes	Terminated
001	12	Yes	No	No	Yes	Yes	Retroactive
021	13	Yes	Yes	No	Yes	No	Pended Member on Roster



HD01 (Maintenance Type Code)	Record Type Code REF02, where REF01= 3H	Eligibility Begin 2000 DTP01=356	Eligibility End 2000 DTP01=357	Benefit Maintenance 2300 DTP01=303	Benefit Begin 2300 DTP01=348	Benefit End 2300 DTP01=349	Description
021	14	Yes	No	No	Yes	Yes	Enrolled Newborns
030	15	Yes	Yes	No	Yes	No	Member in Foster Care
021	17	Yes	Yes	No	Yes	No	Member Change
024	18	Yes	No	No	Yes	Yes	Void CMO Lockin Span
030	21	Yes	Yes	No	Yes	No	Transition to GAPP
030	22	Yes	Yes	No	Yes	No	Transition to Deeming
030	23	Yes	Yes	No	Yes	No	Transition to CMS
030	24	Yes	Yes	No	Yes	No	Transition to SSI
030	25	Yes	Yes	No	Yes	No	Transition to Hospice
024	27	Yes	No	No	No	Yes	Online Update – Termination
030	27	Yes	Yes	No	Yes	No	Online Update – Change or Add
030	27	Yes	No	No	Yes	Yes	Online Update



HD01 (Maintenance Type Code)	Record Type Code REF02, where REF01= 3H	Eligibility Begin 2000 DTP01=356	Eligibility End 2000 DTP01=357	Benefit Maintenance 2300 DTP01=303	Benefit Begin 2300 DTP01=348	Benefit End 2300 DTP01=349	Description
							Change
024	92	Yes	No	No	No	Yes	Dis-enroll Fail
021	93	Yes	Yes	No	Yes	No	Enroll Fail



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Appendix G

Response Code (Information within HD04) – The Response Code field indicates the source of the addresses in the 2100A (Residence address) and 2100C (Mailing address). Preference is given to any vendor specified address for the member. Response Code is not required on inbound 834 transactions.

G.1 Response Code – HD04 last position

Response Code	Description
1	Both addresses from record of source
2	Mailing from vendor, Residence from record of source
3	Mailing from record of source, Residence from vendor
4	Both address from vendor



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